





UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respon	nse 16 00

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N. COS : (F) Let St. :	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Joint Survivorship Flexible Premium Variable Life Insurance Policy	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
A. BASIC IDENTIFICATION DATA	- 881 8 8 8 8 8 8 8
Enter the information requested about the issuer	_
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	03021035
WRL Series Life Account C, Western Reserve Life Assurance Co. of Ohio	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
570 Carillon Parkway, St. Petersburg, FL 33716	(800) 851-9777 (ext. 6539)
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code)
Brief Description of Business	
A separate account of Western Reserve Life Assurance Co. of Ohio that issues variable investors.	
Type of Business Organization	lease specify): PROCESSED
	lease specify):
business trust limited partnership, to be formed Separa	ate Account
Month Year	JUN 03 2003
Actual or Estimated Date of Incorporation or Organization: O 1 0 2 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	mated (THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Western Reserve Life Assurance Co. of Ohio (WRL) Business or Residence Address (Number and Street, City, State, Zip Code) 570 Carillon Parkway, St. Petersburg, FL 33716 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: **Executive Officer** Director Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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States in V	Which Pers	on Listed	Has Solicit	ed or Inter	ds to Solic	it Purchase	ers					
(Chec	k "All State	es" or chec	k individua	d States)		•••••			•••••	• • • • • • • • • • • • • • • • • • • •	[A	All States
[AL]	[AK]	[AZ]	[Axr]	[&A]	[&O]	[£ T]	[DE]	[DC]	[Fk]	[GA]	[H];]	[]
[IL] [MT]		[MV] [MV]	[KS]	[XX] [NJ]	[1 ₂ A] [13M]	[MÆ] [NY]	[MD]	[M/A] [N/D]	[M] [OH]	[WW]	[MKS] [OK]	[1x[O] [1xA]
	[NE] [SÇ]	[\$\text{SD}]	[X N]	[XX]	[ŢŢ]	[V X]	[A V]	[VXA]				
21	21	41	21	21	21		11	41	11	23	21	21
Full Name	(Last name	e first. if in	dividual)			7						
Business	z Pasidana	o Address	(Number o	and Street	City, State,	Zin Code			<u> </u>			
2361 C												
Name of A	Associated 1	Broker or	Dealer									
Brook States in V					rporat		>70					<u> </u>
			k individua		ids to solic	n i dichase	213					All States
[XL]	[AIX]	[AXZ]	[ACR]	[& A]	[C Q]	[C X]	[DE]	[DC]	[F X .]	[GA]	[[X]]	
[IL]	[KN]	[¼]	[X S]	[XY]	[X A]	[MAE]	[MD]		[\X[]	[MAN]	[N X S]	[] X [O]
[MT]	[Æ]	[XV]	[MH]	[N]]	[MM]	[NY]	[NC]	[ND]	[OXH]	[X K]	[OX]	[] A[
[R X]	[% C]	[X D]	[T <u>N</u>]	[XX]	[XT]	[X]	[½ A]	[WA]	[VXV]	[WA]	[\\X\]	[P R]

			В	. INFORM	ATION ABO	OUT OFFE	RING		***************************************	·—····	
				••						· Yes	No
I. Has the issuer	sold, or does							_	••••••		
2. What is the mir				o in Appen			-				
2. What is the mir	umum inves	iment mat v	wiii be ac	cepted from	n any mur	viduair	*************	• • • • • • • • • • • • • • • • • • • •	•••••		
3. Does the offeri											No
4. Enter the information commission or sale a person to be or states, list the a broker or deal.	imilar remun listed is an a name of the	eration for a ssociated pe broker or de	solicitation erson or a ealer. It m	n of purcha gent of a br ore than fiv	sers in com oker or dea ve (5) perso	nection wi ler registe ns to be lis	th sales of s red with the sted are asse	ecurities i SEC and	n the offeri or with a s	ing. tate	
Full Name (Last na	me first, if in	dividual)									
Business or Reside	nce Address	(Number an	d Street.	City, State.	Zip Code)	CA	95661				
Name of Associate		-	230,	1050	1110,					······································	
Eplanning			Inc	• .							
States in Which Pe	erson Listed	Has Solicite	d or Inter	ads to Solic	it Purchase	ers		· · · · · ·			
(Check "All S	tates" or chec	k individua	l States)								All States
[AX] [AX [IL] [IX [MXT] [NX [MX] [SX	[XX] [XX]	[AX] [XX] [NX] [TXV]	[CA] [KX] [NJ] [TX]	[00] [12] [12] [12]	[XT] [NYE] [YYT]	[XE] [MD] [XC] [VX]	[ZD] [XM] [XM] [WA]	[XL] [XII] [O M] [WX/]	[&A] [MN] [MK] [WI]	[MI] [MS] [OR] [WY]	[MO] [MO] [PM] [PR]
Full Name (Last na	me first, if in	dividual)									
Business or Reside	Street	, Morg					phis,	TN	38103		
Name of Associate Morgan Ke			nv. ~	Inc.							
States in Which Pe					it Purchase	rs					
(Check "All S	tates" or chec	k individua	l States)		• • • • • • • • • • • • • • • • • • • •		•••••			П	All States
[AK] [AK] [IL] [W] [MT] [NE] [K] [SC]	[AZ] [W] [W] [XD]	[AR] [KS] [MH] [TN]	[&A] [&Y] [NJ] [XX]	[&O] [&A] [&M] [&T]	[&T] [M&] [NY] [VX]	[XA] [MD] [XA]	[DC] [MA] [ND] [WA]	[Fk] [MN] [Ok] [WV]	[WY] [WW] [GY]	[MX] [M8] [HX]	[190] [1940] [1941] [1987]
Full Name (Last na		dividual)			٦						
Business or Reside	maa Addrass	(Number a	nd Street	City State	Zin Code)			· · · · · · · · · · · · · · · · · · ·	 		
1250 Capi	tal of	Texas	High	nway S	# 2	-125,	Aust	in, T	X 78	746	
Name of Associate NFP Secur											
States in Which Pe	erson Listed	Has Solicite	ed or Inter	nds to Solic	it Purchase	ers					,
(Check "All S	tates" or chec	k individua	l States)		******		····			— — 4	All States
[X] [A] [IL] [X] [M] [N] [R] [S]	[AXZ] [XA] [XV] [XO]	[AR] [XS] [NH] [TN]	[& A] [X Y] [NJ] [T X]	[CØ] [XA] [XM] [XT]	[CX] [MŒ] [NY] [VX]	[MD] [MC] [WA]	[DXC] [NXA] [NXD] [VXA]	[F%] [NA] [OXI] [VXV]	[/%] [/%] [/%] [(%]	[14x] [Mxs] [Ox?] [Vxyy]	[XO] [XA] [PX]

				В	INFORM.	ATION ABO	OUT OFFE	RING				
L											· Yes	No
I. Has the	e issuer sol	ld, or does	the issuer	intend to	sell, to nor	1-accredite	d investors	in this of	fering?			
						dix, Colum		-				
2. What is	s the minin	num inves	tment that	will be acc	cepted from	m any indi	vidual?			•••••	S	
3. Does th	ne offering	permit jo	int owners	hip of a si	ngle unit?						Yes	Νο
			ested for ea									L.,
commis	ssion or sim	nilar remur	eration for	solicitation	ı of purcha	sers in con	nection wit	h sales of s	ecurities i	the offeri	ng.	
			issociated p broker or d									
			set forth th									
Full Name	(Last nam	e first, if ir	idividual)									
D	D	111	07. 1	1.00	3:L- C++-	7:- 0-1-			<u> </u>			
4261	Park I	Road,	(Number at	nd Street. C	MI	48103						
Name of A												
			Corpo									
			Has Solicit ck individua		ds to Solic	it Purchase	ers					11.00
`						. A.E.	-27	t.r.		- 7-7	لسا	All States
[AX] [IL]	[A X] [IX]	[XZ] [XX]	[A X] [K X]	[CA] [KW]	[Œ] [IXA]	[XXT] [XXXE]	[数 E] [MD]	[D &] [M X]	[XL] [XII]	[& A] [M N]	[XXI] [XXIS]	[XD]
[MKT]	[NX]	[NX]	[VXI]	[N]]	[NM]	[NY]	[MD]	[MAL]	[OM]	[XXX]	[260R]	[MM] [PM]
[[[]	[S X]	[SX2]	[1387]	[T X []	[CXT]	[XXI]	[XV]	[WA]	[WXY]	[XVI]	[X [Y]	[138]
Full Name	(Last nam	e first, if ir	ndividual)								,	
			(Number a) 33778					
Name of A				DCIIII	11010,		33770					
Wealth	nSourc	ce Fir	nancia	l Ser	vices	, Inc.	•					
States in V	Which Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	ek individua	ıl States)		••••••		•••••		••••••	🔲 A	All States
[X L]	[AK]	[AZ]	$[A_{\mathbf{R}}]$	[&A]	[&O]	[Ç T]	[DE]	$[D_{\mathcal{K}}]$	[F <u>k</u>]	$[G_X^A]$	[HX]	[X]
[IL]		[[[] []	[KS]	[KY]		[Mæ]	[MD]			[MAN]	[M&]	[MO] . [BA]
[[X]] [X]]	[&C] [ME]	[\$\forall D]	[XN] [XH]	[UN] [XX]	[XM] [VT]		[VX] [VX]	[ND] [WA]	[Œ] [W]	[WI]	[V X]	[RA] [RR]
' X 1	r-X ,	, X,	, X	-X-3	X	L X	. X-1	r.X1	, X. 1	r.X,	r. X.,	, X1
Full Name	(Last name	e first, if ir	idividual)							· · · · · · · · · · · · · · · · · · ·		
,		<u> </u>										
Business of	or Residenc	ce Address	(Number a	ind Street,	City, State	, Zip Code))					
880 Ca	erillo	n Par	ckway,	st.	Peter	sburg	FL	3371€	·			
			inanci	al Se	rvice	s Inc	- *					
States in V	Which Pers	on Listed	Has Solicit	ed or Inten	ds to Solid	it Purchase	ers	·	· · · · · · · · · · · · · · · · · · ·			
(Chec	ck "All Stat	es" or che	ck individua	al States)			·			24 P24 (44 print) y m try species (All States
[XL]	[AIX	[AZ]	[ACR]	[Q A]	[C ⋈]	[CX]	[DE]	[DC]	[FX]	[GA]	[HX]	[10]
[IL]			[KKS]	[XY]	[XA]	[MÆ]	[MD]	[N X A]	[VXI]	[WW]	[MAS]	[M¥O]
[MT] [RX]	[NÆ] [SKC]	[XV] [XD]	[MH]. [TM]	[NJ] [XX]	[¾M] [¼T]	[NY] [V X]	[NK] [VK]	[NXD] [VXA]	[O <u>X</u> H] [VXV]	[<i>N</i> K <u>I]</u>	[OXX] [WXY]	[R A] [P R]
r - 3771	r_32_1	(320)	L - 233	rW	17.7 - 1	r · All	r 27.~1	F 525, 43	F .XX . 1	r.553	r - 22- 1	r - 371

	·	····		В	. INFORM	BEA MOITA	OUT OFFE	RING				
I . Has th	ie issuer sol	ld, or does							-		Yes	No
					o in Appen			_				
2. What i	is the minin	num inves	tment that	will be ac	cepted froi	n any indi	vidual?		••••••			
	he offering											No
commi If a per or state a brok	the information or sime son to be list the national control of the national co	nilar remun sted is an a ame of the you may	eration for ssociated p broker or d set forth th	solicitation erson or ag lealer. It m	n of purcha gent of a br ore than fiv	sers in con oker or dea re (5) perso	nection wit der register ans to be lis	h sales of s ed with the ted are asso	ecurities in SEC and/	n the offeri or with a s	ng. tate	
Fuil Nam	e (Last nam	e first, if in	idividual)									
Business	or Residenc	e Address	(Number at	nd Street.	City, State.	Zip Code)		<u>-</u> -	· · · · · · · · · · · · · · · · · · ·			
56 E.	Burli Associated	ngton	Aven				A 52	556			· 	
Cambr:	idge I	nvest	ment	Resea	rch,	Inc.						
	Which Pers				nds to Solic	it Purchase	ers					
`	ck "All Stat											All States
[AX] [IL]		[XZ] [XA]	[A X] [K X]	[CX] [KXY]	[Œ] [LXA]	[TX] [XME]	[X E] [MD]	[D &] [M X]	[X L] [XII]	[&A] [MAN]	[XXI] [XXIS]	[XD] [MXO]
[MXT]				[NJ]	[NM]	[NY]	[X [C]	[XID]	[O M]	[XXK]	[200R]	[PX]
[BM]	[S X]	[S X 2]	[TXV]	[T X []	[UXT]	[AXI]	[X X]	[A	[WXY]	[]	[WY]	[PXR]
Full Name	e (Last name	e first, if in	dividual)									
Business 13355	or Residenc	e Address Road,	(Number a	and Street,	City, State	, Zip Code e Gall	eria	Tower	, Dal	las,	TX 7	5240
	Associated n & Bu			ties,	Inc.							
States in	Which Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Che	ck "All Stat	es" or chec	k individus	al States)		• • • • • • • • • • • • • • • • • • • •	••••••				🗌 A	All States
[<u>A</u> L]	[AK]	[AZ]	[AR]	[Q A]	[Ç O]	[&T]			[F];	[GA]	[HX]	[東]
[IL] [MT]	[<u>孫</u>]	[¼V] [¼V]	[KS] [KS]	[KY] [NJ]	[[_X A] [[XM]	[MX]	[MD] [NC]	[MA] [ND]	[MM] [OM]	[OK] [WM]	[3kM] [OR]	[MO] [RA]
			[XN]	[X]	[ŶT]	$[V_X^T]$						
Full Nam	e (Last nam	e first, if in	dividual)									
		<u> </u>	·	1.0	City Chats	T'- Code				··		
1011 I	or Residence Rte. 2	2 Wes	t, Br	ing Street,	ater,	NJ C	8807		No term			
Name of I	Associated nvestm	Broker or ent C	Dealer enter	, Inc							~	
States in	Which Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Che	ck "All Stat	es" or chec	ck individus	al States)			···			_,		All States
[X L]	[AIX]	[AZ]	[ACR]	[&A]	[C Q]				[FX]	[QA]	[H][]	[3 0]
[IL] [M/T]	[1 <u>7</u> 74]	[] [\]	[½ S] [½ H]	[XY] [NJ]	[½ A] [½ M]	[M K] [NY]	[MD] [NC]	[MXA] [MXD]	[[X []]	[MXN]	[NXS] [OX]	[] X(O] [] X (A.]
[R X]	[%]	[XD]	[XII]	[TX]	[X /Y]	[X V]	[AX]					[P R]
							•					

]	B. INFORM	ATION AI	BOUT OFFE	RING				
T TT 41	_ •_	11 1.		1.	11	1'4	1.		c 0		Yes	No
I. Has th	e issuer so	old, or doe					ed investor		_	• • • • • • • • • • • • • • • • • • • •	Ц	L
0.3375-4:	a ale e e teste						mn 2. if filii	-				
2. wnarn	s the mini	mum inve	siment that	will be ac	ссертеа по	m any ind	lividual?		•••••	•••••		<u> </u>
3. Does th	he offering	g permit jo	oint owner	ship of a s	ingle unit?				• • • • • • • • • • • • • • • • • • • •		Yes	No
							ill be paid o					
If a person or states	son to be li s, list the n	isted is an a	associated p broker or	person or a dealer. It m	gent of a br	oker or de ve (5) pers	nnection with caler register ons to be lis	red with the ted are asso	SEC and	or with a s	tate	
				he inform	ation for th	at broker	or dealer or	nly.				
Full Name	(Last nam	ne first, if i	ndividual)									
Rusiness	T Resident	ce Address	Number	and Street	City, State.	Zin Code	· · · · · · · · · · · · · · · · · · ·	<u></u>		<u>.1. 54</u>		
					ianapo	-		6282				
Name of A				, <u>1</u> 1101	Larrapo	<u> </u>		<u> </u>				
OneAr	nerica	a Seci	ıritie	es, Ir	ic.							
					nds to Solic	it Purchas	sers					
(Chec	k "All Sta	tes" or che	ck individu	al States)							/	All States
[X XL]	[AK]	[XZ]	[AS R]	[& A]	[& O]	[& T]	[DÆ]	[DC]	[F X]	[GA]	[!X f]	[126]
[IL]	[1287]	[[2]	[K S]	[X Y]	[KA]	[ME]	[MD]	[MKA]	[M XT]	[MM]	[MS]	[N X O]
	[NE]	[NXV]	[XH]	[נוא]	[XM]	[NY]	[NC]		[OH]	[QK]	[XOR]	[PXA]
[R I]	[SXC]	[\$ D]	[X N]	[T X]	[MT]	[XT]	[½ [V]	[WKA]	[WXV]	[VX]	[W\$Y]	[R R]
Full Name	·			and Street,	City, State	, Zip Code	;)				· · · · · · · · · · · · · · · · · · ·	
1839 Name of A				Blvd.	<u>, Lak</u>	e St.	Louis	s, MO	6336	5.7 <u> </u>		·
				4-1	Tna							
			l Capi Has Solici		nds to Solic	it Purchas			<u> </u>			
(Chec	k "All Stat	tes" or chec	ek individu	al States)					• • • • • • • • • • • • • • • • • • • •		П А	All States
[<u>*</u> L]	[★K]	[A Z]	[&R]	[C ★]	[C _Q]	[CX]	[RE]	[RC]	[KL]	[&A]	[M]	[[[D]
	[\(\) \(\)	[] A]	[¥S]	$[K_X]$		[ME]	[MD]	[MA]		[MN]	[XS]	[MQ]
[MT]		[ŴV]	[ÑĦ]	$[N\overline{J}]$	$[N_{X}^{N}]$	[NY]	[NC]				[<u>Ģ</u> R]	
[R]	[SC]	$[\hat{S}\hat{X}]$	$[X_X^{\overline{X}}]$	$[X_X^T]$		$[V_X^T]$	[XA]	[WA]	[WV]	[XI]	$[\mathbf{W}^{\mathbf{Y}}]$	[-PR]
Full Name	(T and many	- C : : : :	المحاشية.									
ruli Name	(Last nam	2 429.04	iaiviauai)									
Business o	r Residenc				City, State	, Zip Code	:)		200 000 000	1		
							aring and	er in gelfet. Er kalt i de ket	ta basali degir Basa eyil da g	a daan		
Name of A	ssociated	Broker or	Dealer					we go day		ji ngawa.		
States in V			Hac Calicit		nds to Solic	it Parchae	<u> 13 141 3. 3.4</u> ere		A	<u></u>		
			k individu		ius to sone	it i dicitas	C15				5 4	All States
[AL]			[AR]		[CO]	[CT]	[DE]	ייייייייייייייייייייייייייייייייייייייי	[FL]	[GA]	— [] A [HI]	[ID]
[IL]	[AK] [IN]	[AZ] [IA]	[KS]	[CA] [KY]	[LA]	[ME]	[MD]	[DC] [MA]	[MI]	[GA] [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check			
		Aggregate		Amount Already
	Type of Security	Offering Price	į	Sold
	Debt	\$	_	\$
	Equity	\$		\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		S
	Partnership Interests.	S		S
	Other (Specify Separate Account Units)	§ Unlimited		\$ 600,000.00
	Total			
	Answer also in Appendix, Column 3. if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."	:		A
sold. Enter "0" if the answer is "none" or "zero." If the this box and indicate in the columns below the amou already exchanged. Type of Security Debt		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors.	1	_	\$_600,000.00
	Non-accredited Investors	0	_	\$ 0
	Total (for filings under Rule 504 only)	1		\$ 600,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	N/A	_	<u>S N/A</u>
	Regulation A	N/A	_	<u> </u>
	Rule 504	N/A	_	§ N/A
	Total	N/A	_	<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	•••••		<u> </u>
	Printing and Engraving Costs	•••••		§ N/A
	Legal Fees.			<u> </u>
	Accounting Fees	***********		\$ N/A
	Engineering Fees			S N/A
	Sales Commissions (specify finders' fees separately)			§ N/A
				\$_N/A
	Total			S N/A

	OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS		
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part CQu proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		s 600,000.00	
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any period the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross			
			Payments to Officers. Directors, & Affiliates	Payments to Others	
	Salaries and fees	Г	7 s N/A	□§N/A	
	Purchase of real estate			□ S N/A	
	Purchase, rental or leasing and installation of machi and equipment	inery	_	□ _S N/A	
	Construction or leasing of plant buildings and facili	· · · · · · · · · · · · · · · · · · ·	-	□ S N/A	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	e of securities involved in this s or securities of another	_	□ s N/A	
	Repayment of indebtedness		_	N/A SN/A	
	Working capital		-	SN/A	
	Other (specify):		S N/A	\$ <u>N/A</u>	
			S N/A	SN/A	
	Column Totals			S N/A	
	Total Payments Listed (column totals added)	Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE			
igı	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnitinformation furnished by the issuer to any non-accred	ish to the U.S. Securities and Exchange Commissi	on, upon written		
	er (Print or Type)	Signature	Date 30	,2003	
	parate Account WRL Series Life Account C ne of Signer (Print or Type)	Title of Signer (Print or Type)	11 an 30	,2005	
	· · · · · · · · · · · · · · · · · · ·		0		
Γh	omas E. Pierpan	Senior Vice President, General Counsel and	Assistant Secre	etary of WRL	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)